

FILED MAY 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

17660

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

4404

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. L.</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>St Louis</u> <u>0</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		17 2 10			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Alexian Bros Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>3321a Osage Street</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u>			b. (Middle) <u>L</u>		c. (Last) <u>Ruzicka</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 15 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 8 1880</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St Louis</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>			
13a. FATHER'S NAME <u>Frank a Ruzicka</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Wolf</u>		14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Ruzicka 6813 Natural Bridge</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastric Ulcer with massive Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Stomach Hypostatic Hemorrhage</u> DUE TO (c) <u>PNEUMONIA, HYPOSTATIC TERMINAL</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u> <u>6 mos.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>5401</u>					
22. I hereby certify that I attended the deceased from <u>Apr. 24</u> 1949, to <u>May 15</u> 1949, that I last saw the deceased alive on <u>May 14</u> 1949, and that death occurred at <u>3:20</u> m., from <u>the</u> causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>J. B. Wayland</u> <u>Dr.</u>				23b. ADDRESS <u>3122 S. Grand St. St. Louis Mo</u>		23c. DATE SIGNED <u>5-16-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/18/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SS. Peter & Paul Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis</u>			
DATE REC'D BY LOCAL REG. <u>MAY 17 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Wayland</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. H. ... 1926 Allen Av</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Benny Q. Duncan

Licensed Embalmer No. 2272

P. O. Address 1976 Allen

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.